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APPLICANTS

David Silva, Neckartenzlingen, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\* *Not DCL*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *OK DCL*

GERMANY DE 102 41 650.8 09/09/2002

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/28/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>phls</i>	Initials	

ADDRESS

Mark Ungerman  
 Fulbright & Jaworski, LLP  
 801 Pennsylvania Avenue, N.W.  
 Washington, DC  
 20004

TITLE

Cable strain relief device

FILING FEE  RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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